



PATENT  
Attorney Docket No. THI-003

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: Hafeman  
SERIAL NO.: 10/759,374 GROUP NO.: 1651  
FILING DATE: January 16, 2004 EXAMINER: Not yet assigned  
TITLE: METHODS AND DEVICES FOR MONITORING CELLULAR METABOLISM IN MICROFLUIDIC CELL-RETAINING CHAMBERS

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 23 day of November, 2004.

Wendy Martin  
Wendy Martin

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 pg.);
2. Listing of Patent Practitioners of Record Under 37 C.F.R. § 1.32(c)(3); and
3. Return Receipt Postcard.



**TRANSMITTAL  
FORM**

|                           |                  |
|---------------------------|------------------|
| Application Serial Number | 10/759,374       |
| Filing Date               | January 16, 2004 |
| First Named Inventor      | Hafeman          |
| Group Art Unit            | 1651             |
| Examiner Name             | Not yet assigned |
| Attorney Docket No.       | THI-003          |
| Patent No.                | Not applicable   |
| Issue Date                | Not applicable   |

**ENCLOSURES (check all that apply)**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul>  | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application   | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences                     |
| <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]</li> </ul> | <input type="checkbox"/> Formal Drawing(s)   | <input type="checkbox"/> Appeal Brief (in triplicate)  |
| <input type="checkbox"/> Petition for Extension of Time   | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal   | <input type="checkbox"/> Status Inquiry  |
| <input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> Form PTO-1449</li> <li><input type="checkbox"/> Copies of IDS Citations</li> </ul>  | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  | <input checked="" type="checkbox"/> Return Receipt Postcard  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8                 |
| <input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper Copy/CD</li> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Statement verifying identity of above</li> </ul>  | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application   | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8                         |
|   | <input type="checkbox"/> Small Entity Statement  | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)                        |
|   | <input type="checkbox"/> CD(s) for large table or computer program   | <input checked="" type="checkbox"/> listing of Patent Practitioners of Record Under 37 C.F.R. § 1.32(c)(3) |
|   | <input type="checkbox"/> Amendment After Allowance   |  |
|   | <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of Correction (in duplicate)</li> </ul> |  |

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**SIGNATURE BLOCK**

Respectfully submitted,

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